



Firewall Exemption Letter

Contact Information:

Name: _____ Title: _____

Agency: _____ Phone: _____

Address: _____

Email: _____ Date: _____

Request Information:

I would like a firewall exemption for the following IP addresses and applications. My agency has compensation access controls which identify and authenticate all users.

IP Addresses include:

☐ I've attached a list of IP addresses

Computer Application(s):

☐ I've attached a list of Computer Applications

My agency has: (check those that apply)

☐ its own firewall authentication procedures

☐ uses a secure private network

☐ other alternative procedures – state here: _____

Please state the purpose and business need for the exemption request:

Please give a brief description of the business process associated with this exemption request.

Signature of Agency IT Representative

(please print) Name of Agency IT Representative`